## North Carolina Department of Transportation Transportation Mobility and Safety Division

## **Route Change Request Form**

This form shall be completed for all route number change requests affecting Interstates and Primary (US and NC) routes and submitted to the Staff Engineer of the Transportation Mobility and Safety Division (TMSD). A map (or maps) shall also be attached indicating the affected counties and routes.

Route Number/s:	NC 84		
County/s:	Union		
Division/s:10	TIP Project/s:	N/A	
General description of r	equest (starting/ending points, etc	c.):	
The City of Monintersection with	aroe is requesting that NC 84 be to NC 200 (Martin Luther King Bl	erminated at the newly const	ructed
	40		
Reason/Justification for	this route change:		4
Requested by the	e City of Monroe		
Requestor Name:	PateButler	Date:	3/20/12
Requestor Signature:	Jak one	, 0	/
State Traffic Engineer (i	nitial approval):	Date:	\$ 10/2012
Attachmenta: Man/a		U	
Attachments: Map/s			
cc: Ordinance Progr	am Coordinator		

